

INSTRUCTIONS FOR QUARTERLY/FINAL FINANCIAL STATUS REPORT
FORM 269A (TDH FORM GC-4a)

SECTION	ENTRY
1	Contractor Name: Legal name of contractor as reflected in the contract attachment
2	TDH Program: TDH program name as indicated in the contract attachment document
3	Payee Account No.: Account number or other identifying number assigned by the contractor for the contractor's internal use. <i>(not required by TDH)</i>
4	Enter the unique identifying number that has been assigned to the contract attachment. The number normally consists of your agency's 9 digit IRS's Employer ID# plus 1 digit assigned by TDH and the number of the fiscal year in which the attachment term ends plus a two digit attachment number. <i>(see "Cover Page 2" of your contract document.)</i>
5	Payee 14 Digit Vendor ID No: Number assigned by the State of Texas Comptroller's Office <i>(which also incorporates your agency's 9 digit IRS Employer ID#)</i>
6	Accounting Basis: Indicate the principal accounting method used by your agency to account for the expenses relating to the contract attachment by placing an "X" in the appropriate space.
7	Payee: Enter the Payee's complete mailing address. This information must coincide with the State Comptroller's Office records and Vendor ID number in Section 5 above.
8	Contract Term: Enter the beginning and ending date of the contract attachment. (e.g., 9/1/99 - 8/31/00). <i>(See "Cover Page 2" of your contract document.)</i>
9	Period Covered by this Report: Enter the beginning and ending dates of the contract quarter covered by this report. (month, day and year)
10	Final Report: Check "No" for quarterly reports and preliminary "finals" ; check "Yes" for the final report.
(i)	Standard Budget Categories
(ii)	Approved Budget: Approved budget figures as reflected in the fully executed contract attachment. The figures may be changed only by a formal budget amendment.
(iii)	Project Cost this Period: Contractor's allowable expenditures incurred on the attachment during the quarterly reporting period.
(iv)	Cumulative Project Cost: Contractor's cumulative allowable expenditures incurred on the attachment from inception through the current quarterly reporting period.
(v)	Remaining Budget Balance: Subtract Cumulative Project Cost (Column iv) from the approved budget (Column ii).
k(iii)	Program Income Collected: Enter the amount of program income (PI) collected during the quarter. The sum of the program income deducted from the reimbursement vouchers for the quarter should equal this amount.
k(iv)	Enter the cumulative program income collected during the attachment term. This amount should be equal to the total program income deducted from all reimbursement vouchers submitted under the attachment since inception.
l(iv)	Non-TDH Funding: If the effort for this contract attachment is partially funded by non-TDH sources (from other agencies or with local funds) and all costs of the effort are reflected in the report, enter the cumulative amount of non-TDH funding here.
m(iii)	Advance Received: Enter the amount of advance payment (if any) your agency has received from TDH.
m(iv)	Advance Repaid: Enter the cumulative amount of the advance which has been repaid - either by reduction of reimbursement request or by refund.
m(v)	Balance Owed: Subtract the amount of the advance repaid (m(iv)) from the amount of the advance received. (m(iii))
n(iv)	Cumulative Reimbursement Requested: Enter the sum of all reimbursement vouchers submitted for reimbursement of expenditures incurred since the beginning date of the attachment term.
o(iv)	Total Reimbursement Received: Enter the total of all cash received for both an advance (if any) and actual cumulative reimbursement payments since the beginning date of the attachment term

For additional information call the Grants Management Payments Section @ (512) 458-7520.

Send Reports to: Texas Department of Health
 Grants Management Division
 1100 West 49th Street
 Austin, Texas 78756-3199

Grants Management Division
Phone (512) 458-7520

Prepared by:	Title:	Phone #:
CERTIFICATION: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.		
Signature of Authorized Certifying Official		Date Submitted: ____/____/____
Typed or Printed Name and Title of Certifying Official		Telephone: () _____

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